ST JOSEPH RESIDENCE

107 E BECKERT RD	CKERT RD	E 1	107
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NEW LONDON	54961	Phone: (920) 982-5354	hone:(920) 982-5354 Ownership:		Nonprofit Church/Corporation
Operated from 1	/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Conju	nction with	Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds S	et Up and St	affed (12/31/04):	107	Title 18 (Medicare) Certified?	Yes
Total Licensed B	ed Capacity	(12/31/04):	107	Title 19 (Medicaid) Certified?	Yes
Number of Reside	nts on 12/31	/04:	100	Average Daily Census:	98

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (	12/31/04)	Length of Stay (12/31/04)	%	
Home Health Care Supp. Home Care-Personal Care	Yes Yes	Primary Diagnosis	%	Age Groups 	 %	   Less Than 1 Year   1 - 4 Years	31.0
Supp. Home Care-Household Services	No	Developmental Disabilities	1.0	Under 65	5.0	More Than 4 Years	29.0
Day Services Respite Care	No   No	Mental Illness (Org./Psy) Mental Illness (Other)	27.0 3.0	65 - 74   75 - 84	8.0 29.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.0	85 - 94	41.0	*********	*****
Adult Day Health Care Congregate Meals	No Yes	Para-, Quadra-, Hemiplegic Cancer	1.0 6.0	95 & Over	17.0	Full-Time Equivalent Nursing Staff per 100 Res	
Home Delivered Meals	No	Fractures	5.0		100.0	(12/31/04)	idelics
Other Meals	No	Cardiovascular	17.0	65 & Over	95.0		
Transportation Referral Service	No   No	Cerebrovascular Diabetes	11.0 6.0	   Gender	 %	RNs   LPNs	13.5 5.7
Other Services	No	Respiratory	4.0			Nursing Assistants,	J.,
Provide Day Programming for		Other Medical Conditions	18.0	Male	21.0	Aides, & Orderlies	41.3
Mentally Ill Provide Day Programming for	No		100.0	Female 	79.0	 	
Developmentally Disabled	No		++++++	   	100.0	 	

## Method of Reimbursement

		edicare			Medicaid 'itle 19			Other			Private Pay	: 		amily Care			anaged Care	l 		
Level of Care	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	5	7.0	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	5.0
Skilled Care	9	100.0	321	64	90.1	120	0	0.0	0	20	100.0	183	0	0.0	0	0	0.0	0	93	93.0
Intermediate				2	2.8	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		71	100.0		0	0.0		20	100.0		0	0.0		0	0.0		100	100.0

ST JOSEPH RESIDENCE

Admissions, Discharges, and		Percent Distribution	n of Residents'	Conditi	ions, Services, an	d Activities as of 12	/31/04
Deaths During Reporting Period							
				Ş	% Needing		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	6.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	11.7	Bathing	2.0		83.0	15.0	100
Other Nursing Homes	7.5	Dressing	14.0		78.0	8.0	100
Acute Care Hospitals	69.2	Transferring	28.0		39.0	33.0	100
Psych. HospMR/DD Facilities	0.0	Toilet Use	22.0		47.0	31.0	100
Rehabilitation Hospitals	0.0	Eating	44.0		54.0	2.0	100
Other Locations	5.0	******	******	*****	* * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	120	Continence		%	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	8.0	Receiving Resp	iratory Care	13.0
Private Home/No Home Health	19.5	Occ/Freq. Incontiner	nt of Bladder	38.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	17.1	Occ/Freq. Incontiner	nt of Bowel	21.0	Receiving Suct	ioning	0.0
Other Nursing Homes	5.7				Receiving Osto	my Care	2.0
Acute Care Hospitals	8.1	Mobility			Receiving Tube	Feeding	2.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	13.0	Receiving Mech	anically Altered Diet:	32.0
Rehabilitation Hospitals	0.0						
Other Locations	8.9	Skin Care			Other Resident C	haracteristics	
Deaths	40.7	With Pressure Sores		10.0	Have Advance D	irectives	75.0
Total Number of Discharges		With Rashes		3.0	Medications		
(Including Deaths)	123				Receiving Psyc	hoactive Drugs	73.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Non	profit	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.6	94.4	0.97	86.9	1.05	87.7	1.04	88.8	1.03
Current Residents from In-County	63.0	77.1	0.82	80.4	0.78	70.1	0.90	77.4	0.81
Admissions from In-County, Still Residing	15.8	24.2	0.65	23.2	0.68	21.3	0.74	19.4	0.82
Admissions/Average Daily Census	122.4	115.9	1.06	122.8	1.00	116.7	1.05	146.5	0.84
Discharges/Average Daily Census	125.5	115.5	1.09	125.2	1.00	117.9	1.06	148.0	0.85
Discharges To Private Residence/Average Daily Census	45.9	46.1	1.00	54.7	0.84	49.0	0.94	66.9	0.69
Residents Receiving Skilled Care	98.0	97.0	1.01	96.9	1.01	93.5	1.05	89.9	1.09
Residents Aged 65 and Older	95.0	97.0	0.98	92.2	1.03	92.7	1.02	87.9	1.08
Title 19 (Medicaid) Funded Residents	71.0	64.4	1.10	67.9	1.05	68.9	1.03	66.1	1.07
Private Pay Funded Residents	20.0	24.7	0.81	18.8	1.06	19.5	1.03	20.6	0.97
Developmentally Disabled Residents	1.0	0.5	1.98	0.6	1.59	0.5	2.03	6.0	0.17
Mentally Ill Residents	30.0	35.9	0.84	37.7	0.80	36.0	0.83	33.6	0.89
General Medical Service Residents	18.0	24.7	0.73	25.4	0.71	25.3	0.71	21.1	0.85
Impaired ADL (Mean)	48.2	50.8	0.95	49.7	0.97	48.1	1.00	49.4	0.98
Psychological Problems	73.0	59.4	1.23	62.2	1.17	61.7	1.18	57.7	1.27
Nursing Care Required (Mean)	7.8	6.8	1.15	7.5	1.04	7.2	1.07	7.4	1.04